

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Duckworth for Congress

ADDRESS (number and street)

P.O. Box 59568

Check if different  
than previously  
reported. (ACC)

Schaumburg

IL

60159

2. FEC IDENTIFICATION NUMBER ▼

C

C00498634

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

IL

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Keith D. Lowey

Signature of Treasurer

Keith D. Lowey

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 14

Write or Type Committee Name

**Duckworth for Congress**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	370414.80
(b) Total Contribution Refunds (from Line 20(d)) .....	30400.00	30470.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	-30400.00	339944.80
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	1989.39	164154.31
(b) Total Offsets to Operating Expenditures (from Line 14).....	6.00	3105.71
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	1983.39	161048.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	250.00	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

PAGE 3 / 14

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Duckworth for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	5

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

## 11. CONTRIBUTIONS (other than loans) FROM:

## (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

0.00

127085.00

(ii) Unitemized.....

0.00

45829.80

(iii) TOTAL of contributions from individuals ▶

0.00

172914.80

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

197500.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

0.00

370414.80

## 12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....

20123.65

20123.65

## 13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

## 14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....

6.00

3105.71

## 15. OTHER RECEIPTS (Dividends, Interest, etc.) .....

0.00

360.54

## 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

20129.65

394004.70

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1989.39	164154.31
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	1279778.39
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	15400.00	15470.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	15000.00	15000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	30400.00	30470.00
21. OTHER DISBURSEMENTS .....	5415.38	6320.38
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	37804.77	1480723.08

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	17925.12
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	20129.65
25. SUBTOTAL (add Line 23 and Line 24).....	38054.77
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	37804.77
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	250.00

**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 5 OF 14

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input checked="" type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Duckworth for Congress**Full Name (Last, First, Middle Initial)  
**Tammy for Illinois**

Mailing Address PO Box 59348

City	State	Zip Code
Schaumburg	IL	60159-0348

FEC ID number of contributing  
federal political committee.**C** C00574889

Name of Employer

Occupation

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

20123.65

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		26		2015

Transaction ID : VN8KPDHQ8J0

Amount of Each Receipt this Period

20123.65

Transfer from Authorized Committee

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code

FEC ID number of contributing  
federal political committee.**C**

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

20123.65

20123.65

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. Matthew Blake**Mailing Address 1929 W Larchmont Ave  
# 1ECity State Zip Code  
Chicago IL 60613-2415Purpose of Disbursement  
Uncashed Check - Disgorged to US Treasury

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

Amount of Each Disbursement this Period

-262.60
---------

Transaction ID : VN7ME9V8RV5

**B. Chase Bank**

Mailing Address PO Box 659754

City State Zip Code  
San Antonio TX 78265-9754Purpose of Disbursement  
Bank Service Charges

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2015

Amount of Each Disbursement this Period

50.00
-------

Transaction ID : VN7ME9V7D52

**c. Chase Bank**

Mailing Address PO Box 659754

City State Zip Code  
San Antonio TX 78265-9754Purpose of Disbursement  
Bank Service Charges

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		05		2015

Amount of Each Disbursement this Period

145.00
--------

Transaction ID : VN7ME9V7D60

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

-67.60

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. Chase Bank**

Mailing Address PO Box 659754

City	State	Zip Code
San Antonio	TX	78265-9754

Purpose of Disbursement  
Bank Service Charges

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		03		2015

Amount of Each Disbursement this Period

145.00
--------

Transaction ID : VN7ME9V7D78

**B. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement  
Database Services

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		01		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : VN7ME9V7D86

**c. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City	State	Zip Code
Washington	DC	20005-5006

Purpose of Disbursement  
Database Services

001

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		04		2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : VN7ME9V7D94

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

345.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Duckworth for Congress

Full Name (Last, First, Middle Initial)

**A. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Database Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	25	2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : VN7ME9V7DA2

**B. NGP VAN, Inc.**Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement  
Database Services

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	24	2015

Amount of Each Disbursement this Period

100.00
--------

Transaction ID : VN7ME9V84J3

**c. PayChex**Mailing Address 1000 E Warrenville Rd  
Ste 200

City Naperville State IL Zip Code 60563-3574

Purpose of Disbursement  
Payroll Service Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
08	10	2015

Amount of Each Disbursement this Period

17.50
-------

Transaction ID : VN7ME9V7DB9

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

217.50



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. PayChex**Mailing Address 1000 E Warrenville Rd  
Ste 200

City Naperville State IL Zip Code 60563-3574

Purpose of Disbursement  
Payroll Service Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
09	25	2015

Amount of Each Disbursement this Period

197.50
--------

Transaction ID : VN7ME9V8RY9

**B. Verdolino & Lowey, PC**Mailing Address 124 Washington St  
Ste 101

City Foxboro State MA Zip Code 02035-1368

Purpose of Disbursement  
Accounting & Compliance

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y
07	20	2015

Amount of Each Disbursement this Period

1266.99
---------

Transaction ID : VN7ME9V7DC7

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

Date of Disbursement

M M	D D	Y Y Y Y

Amount of Each Disbursement this Period

--

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1464.49

1959.39

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. Bonnie Atkinson**

Mailing Address 8417 Arrowhead Farm Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Burr Ridge	IL	60527-0826

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RH8

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. John M Atkinson**

Mailing Address 8417 Arrowhead Farm Dr

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Burr Ridge	IL	60527-0826

Amount of Each Disbursement this Period

2600.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RJ6

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Mary O Bishop**

Mailing Address 634 Foster St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Evanston	IL	60201-2902

Amount of Each Disbursement this Period

2500.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RK4

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7700.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. Joseph William Bohne**

Mailing Address 101 Indianwood Ln

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2015

City	State	Zip Code
Indian Head Park	IL	60525-3729

Amount of Each Disbursement this Period

2300.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RM0

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. James Brooks**Mailing Address 10100 Santa Monica Blvd  
Ste 1050

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2015

City	State	Zip Code
Los Angeles	CA	90067-4143

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RN8

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**c. Stephen Ondra**Mailing Address 505 N Lake Shore Dr  
Apt 3303

Date of Disbursement

M M	D D	Y Y Y Y
09	29	2015

City	State	Zip Code
Chicago	IL	60611-3407

Amount of Each Disbursement this Period

2700.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RQ4

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

7700.00

15400.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input checked="" type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. OFF THE SIDELINES PAC**

Mailing Address PO Box 78182

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Washington	DC	20013-9182

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RP6

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**B. SHEET METAL WORKERS' INTERNATIONAL ASSOCIATION POLITICAL ACTION LEAGUE**

Mailing Address 1750 New York Ave NW

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Washington	DC	20006-5386

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RR2

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

**C. United Food & Commercial Workers International Union**Mailing Address 1775 K St NW  
Ste 220

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		29		2015

City	State	Zip Code
Washington	DC	20006-1502

Amount of Each Disbursement this Period

5000.00
---------

Purpose of Disbursement  
Refund of Contribution

010

Transaction ID : VN7ME9V8RS9

Candidate Name

Category/  
Type

Office Sought:	House	Disbursement For: 2016
	Senate	
	President	
		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
		<input type="checkbox"/> Other (specify)

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

15000.00

15000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 14

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Duckworth for Congress**

Full Name (Last, First, Middle Initial)

**A. Cash Correction**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement  
Cash Correction

001

5152.78

Candidate Name

Category/  
Type

Transaction ID : VN7ME9V9E76

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**B. U.S. Treasury**Mailing Address 3700 E West Hwy  
Financial Management Services

Date of Disbursement

M M	/	D D	/	Y Y Y Y
09		30		2015

City State Zip Code  
Hyattsville MD 20782-2015

Amount of Each Disbursement this Period

Purpose of Disbursement  
Disgorged Funds

001

262.60

Candidate Name

Category/  
Type

Transaction ID : VN7ME9V8RT7

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2016

☒ Primary ☐ General  
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify)

State:

District:

**SUBTOTAL** of Disbursements This Page (optional).....

5415.38

**TOTAL** This Period (last page this line number only).....

5415.38

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB21

Transaction ID : VN7ME9V9E76

Miscellaneous Document filed by hand will explain individual changes that make up cash correction noted here.

Form/Schedule:

Transaction ID: